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AUDITOR-CONTROLLER

**COUNTY OF LOS ANGELES  
DEPARTMENT OF AUDITOR-CONTROLLER**

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May 30, 2006

TO: Mayor Michael D. Antonovich  
Supervisor Gloria Molina  
Supervisor Yvonne B. Burke  
Supervisor Zev Yaroslavsky  
Supervisor Don Knabe

FROM: J. Tyler McCauley  
Auditor-Controller

SUBJECT: **GROUP HOME PROGRAM MONITORING REPORT – DEVEREUX  
FOUNDATION, DEVEREUX SANTA BARBARA CHILDREN'S  
PROGRAM GROUP HOME**

We have completed a review of Devereux Santa Barbara Children's Program Group Home (Group Home or Agency) operated by Devereux Foundation. The Group Home contracts with the Department of Children and Family Services (DCFS) and the Probation Department (Probation).

Devereux Santa Barbara Children's Program Group Home is a 100-bed facility, which provides care for children ages 7-17 years who exhibit behavioral, social, and emotional difficulties. At the time of the monitoring visit, Devereux Santa Barbara Children's Program Group Home was providing services for 23 Los Angeles County DCFS children and 70 children from various counties and agencies.

Devereux Santa Barbara Children's Program Group Home is located in Santa Barbara County.

**Scope of Review**

The purpose of the review is to determine whether the Agency is providing the services as outlined in their Program Statement. Additionally, the review covers basic child safety and licensing issues, and includes an evaluation of the Agency's Program Statement, internal policies and procedures, child case records, a facility inspection, and interviews with children placed in the Group Home at the time of the review.

*"To Enrich Lives Through Effective and Caring Service"*

Interviews with children are designed to obtain their perspectives on the program services provided by the Agency, and to ensure adherence to the Foster Youth Bill of Rights.

### **Summary of Findings**

Generally, the Agency is providing the services as outlined in their Program Statement. The Agency needs to address several deficient areas.

Throughout all cottages, the Agency needs to make numerous repairs to the furniture and fixtures; provide a full complement of linens for the children's beds; clean the bedrooms and bathrooms; clean the carpeting; remove the clothing from the bedroom floors; provide sufficient lighting in the bedrooms; repair and paint the walls in the bedrooms and bathrooms; replace window coverings; replace the mattresses in two bedrooms; replace the window screen, and repair the kitchen counter in one cottage; and repair the stove in another cottage.

Additionally, the Agency needs to maintain current authorizations for children taking psychotropic medications; and assist children in maintaining photo albums/life books.

Attached is a detailed report of the review.

### **Review of Report**

We discussed our report with the Agency's management. In response to the recommendations made in the report, the Agency's management completed a corrective action plan (attached) which we approved. We thank the management and staff for their cooperation during our review.

If you have any questions, please contact me, or have your staff contact Mike Pirolo at (626) 293-1110.

JTM:MP:CC:gfw  
[http://auditor.co.la.ca.us/group\\_home.asp](http://auditor.co.la.ca.us/group_home.asp)

### **Attachments**

c: David E. Janssen, Chief Administrative Officer  
David Sanders, Ph.D., Director, DCFS  
Robert B. Taylor, Chief Probation Officer  
David Dennis, Executive Director, Devereux California  
Public Information Office  
Audit Committee

**Devereux Foundation-California  
Devereux Santa Barbara Children's Program Group Home  
P.O. Box 6784**

**Santa Barbara, California 93160**

**Phone: (805) 451-5382**

**License Numbers: 191804711, 425800319, 425800581, 425800617, 425800627,  
425800628, 425800629, 425801289**

**Rate Classification Level: 12**

**I. Facility and Environment**

**Method of assessment – Observation**

**Comments:**

Devereux Santa Barbara Children's Program Group Home is a large campus located in a semi-rural area. The living quarters are divided into nine cottages. The exterior of the buildings and the grounds are adequately maintained.

The common quarters of the Group Home are neat, and the Group Home provides a home-like environment. However, the cottages are not well maintained. In all of the cottages the walls, floors, carpets, curtains and bathrooms are dirty. In the Cielo Azul cottage, there is a large crack in the kitchen counter, the toilet is broken, and the living room drapery rods are damaged. In Kellogg cottage, the knobs are missing from the kitchen stove, there is a water stain on the ceiling, and the bathroom floor is damaged. In Miramar cottage, the shower door is broken, and the curtains do not adequately cover the windows.

Children's bedrooms have adequate storage space, and the sleeping arrangements are appropriate. However, the children's bedrooms are not well maintained. The furniture is damaged, and the lighting is inadequate. The beds do not have a full complement of linens, and children's clothing is piled on the floors. Window coverings throughout the cottages do not adequately cover the windows, and a window screen in Cielo Azul cottage is torn. In Alpha cottage, a bed in bedroom one is missing a mattress pad, and the bathtub is broken. In Casa Renee cottage, the mattress is worn and needs to be replaced in bedroom one. In Sunan cottage, the floor is damaged in bedroom six. In Kellogg cottage, a mattress does not fit the bed frame, there is a large crack in the ceiling, baseboards are missing in bedroom two, and there are damaged ceilings and walls in bedrooms seven and eight.

The Group Home maintains age appropriate and accessible recreational equipment. There are also board games, a TV, and a DVD player. Books and resource materials, including a computer with a variety of programs, are also available.

The Group Home maintains a sufficient supply of perishable and non perishable foods.

## **Recommendations**

### **1. Devereux management:**

- a. Repair or replace the damaged furniture and fixtures in all of the cottages as needed.
- b. Clean the bathrooms in all cottages.
- c. Repair and paint the walls and ceilings throughout the cottages as needed.
- d. Replace the window coverings throughout the cottages as needed.
- e. Clean the carpeting in all of the cottages.
- f. Repair the kitchen counter in the Cielo Azul cottage.
- g. Repair the stove in Kellogg cottage.
- h. Clean the bedrooms in all of the cottages, including the walls and floors.
- i. Provide proper lighting in the children's bedrooms.
- j. Remove clothing from the bedroom and closet floors.
- k. Provide a full complement of linens on all children's beds.
- l. Replace the mattresses in bedroom one in Casa Renee cottage, and bedroom five in Kellogg cottage.
- m. Replace the window screen in the Cielo Azul cottage.

## **II. Program Services**

**Method of assessment – Review of relevant documents and interviews**

**Sample size for interviews: Seven**

### **Comments:**

Children meet the Group Home's population criteria as outlined in their Program Statement. Children are assessed for needed services within thirty days of placement.

The treatment team develops and implements the Needs and Services Plans (NSPs) with input from the child. The NSPs are current, comprehensive, and include long and short-term goals.

Case files reflect adequate documentation to show that children are receiving treatment services.

### **Recommendations**

**There are no recommendations for this section.**

## **III. Educational and Emancipation Services**

**Method of assessment – Review of relevant documents and interviews**

**Sample size for interviews: Seven**

### **Comments:**

Children are attending school. Children are provided with educational support and resources to meet their educational needs, and are progressing satisfactorily in school. The Group Home's program includes the development of children's daily living, self-help, and survival skills.

Children are provided with opportunities to participate in emancipation and vocational programs as appropriate.

### **Recommendations**

**There are no recommendations for this section.**

## **IV. Recreation and Activities**

**Method of assessment – Review of relevant documents and interviews**

**Sample size for interviews: Seven**

### **Comments:**

The Group Home provides children with sufficient recreational activities, and leisure time. Children are provided with opportunities to participate in planning activities.

Children participate in extra-curricular, enrichment, and social activities in which they have an interest.

The Group Home provides transportation to and from the activities.

### **Recommendations**

**There are no recommendations for this section.**

### **V. Psychotropic Medication**

#### **Method of assessment – Review of relevant documents**

##### **Comments:**

Two of the children do not have current court authorizations for the psychotropic medication they are taking. Documentation confirms that children are routinely seen by the prescribing psychiatrist.

Children are informed about their psychotropic medication, and are aware of their right to refuse medication.

Medication distribution logs are properly maintained.

### **Recommendation**

- 2. Devereux management maintain current court authorizations for all children taking psychotropic medication.**

### **VI. Personal Rights**

#### **Method of assessment –Interviews with children**

##### **Sample size for interviews: Seven**

##### **Comments:**

Children are informed about the Group Home's policies and procedures. Children report that they feel safe in the Group Home, and are provided with appropriate staff supervision. Children express satisfaction with the quality of their interactions with staff, and report that staff treats them with respect and dignity.

Children report that they are assigned chores that are reasonable and not too demanding. Children are able to make and receive personal telephone calls, send and receive unopened mail, and have private visitors. Children are able to attend religious services of their choice.

Children report that the discipline policies are consistently enforced and that there are fair and appropriate consequences for inappropriate behavior.

Children report satisfaction with meals and snacks.

Children receive voluntary medical, dental, and psychiatric care.

### **Recommendations**

**There are no recommendations for this section.**

## **VII. Clothing and Allowance**

**Method of assessment – Review of relevant documents and interviews**

**Sample size for interviews: Seven**

### **Comments:**

The Group Home provides appropriate clothing, items of necessity, and the required \$50 monthly clothing allowance to children. Children are provided with opportunities to select their own clothes. Clothing provided to children is of good quality and of sufficient quantity.

The Group Home provides children with the required minimum weekly allowance. Children spend their allowances as they choose.

The Group Home provides children with adequate personal care items.

Children are not encouraged or assisted in creating and maintaining photo albums/life books.

### **Recommendation**

- 3. Devereux management encourage and assist all children in creating and maintaining photo albums/life books.**

**LADCFS AUDIT 1/29/05 & 11/30/05  
CORRECTIVE ACTION PLAN**

**DATE:** 3/21/06

**TO:** Candice Rhue  
Group Home Audit Supervisor  
Department of Auditor-Controller, Kenneth Hahn Hall of Administration  
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Los Angeles, CA. 90012  
Phone: (213) 893-7988  
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Auditor: Greta Walters Phone: (213) 220-2308

**FROM:** Guy Hatchell, Children's Program Manager  
Devereux Santa Barbara  
P.O. Box. 6784  
Santa Barbara, CA. 93160  
Phone: (805) 968-2525 ext. 170

**RE:** Plan of correction for the audit conducted on 11/29/05 & 11/30/05

**FACILITY NAMES:** Alpha, Alikoy, Cielo Azul, Casa Renee, Sirenas, Sunan, Playa Vista,  
Kellogg and Miramar

**Note:** At the time of the audit there were clients residing in Sirenas, Casa Renee, Sunan,  
Kellogg, Miramar, and Cielo Azul

**CLIENTS:** There were seven clients interviewed

**CORRECTIVE ACTION PLAN**

*Instructions: For every recommendation implemented, please indicate the date of completion. If a recommendation has not been completed, please indicate the anticipated implementation date. Indicate. Please include the following:*

- 1. The agency's plan to ensure that the deficiency will not occur again in the future*
- 2. The staff (title) responsible for implementing the corrective action*
- 3. The staff (title) responsible for monitoring to ensure that the corrective action remains implemented and is working as intended*



DEFICIENCIES	CORRECTIVE ACTION PLAN
<p><b>1) <u>DEVEREUX MANAGEMENT.</u></b></p> <p>a. Replaced the damaged furniture and fixtures in all of the cottages</p>	<p>a. Date of completion: 2/3/06 Cottages: Cielo Azul work order # 444 - 466 Playa Vista - work order # 193      Miramar work order # -386 - 491 - 540.</p> <p>Estimated date of completion.: 4/21/06 The built-in dressers in Casa Renee and Sirenas still need to be painted with minor repairs. All other cottages are completed</p> <p><i>The agency's plan to ensure that the deficiency will not occur again in the future is as follows:</i> Facilities has implemented quarterly building inspections. These are in addition to the monthly building inspections currently completed by the program staff. These inspections will help facilities to identify areas of concern, including broken furniture and fixtures that may have been overlooked by program staff. <i>building inspection form on file</i></p> <p><i>The staff (title) responsible for implementing the corrective action is:</i> Marguerite Taylor, ISSI Facilities</p> <p><i>The staff (title) responsible for monitoring to ensure that the corrective action remains implemented and is working as intended is:</i> Adrienne Veillette, Financial Manager, Purchasing and Contracts and Marguerite Taylor, ISSI Facilities</p>
<p>b. Clean the cottages bathrooms</p>	<p>b. Date of completion: 11/30/05 On 12/6/05 facilities began power washing all of the cottages bathrooms this was completed on 12/21/05. In the future, Facilities will power-wash bathrooms as needed. Cottages bathrooms are cleaned daily by house keepers. Floor care is completed by ISSI (contractor) floor person.</p>

	<p><i>The agency's plan to ensure that the deficiency will not occur again in the future is as follows:</i> Facilities has distributed housekeeping checklists to the program staff as a quality management tool. The program staff (usual the house parent) records that the housekeeping staff has adequately cleaned the bath rooms and other areas of the cottages.</p> <p>The checklists are collected monthly by facilities and reviewed at the housekeeping meeting the first Friday of the month</p> <p>The Housekeeper's evaluation sheet is utilized to provide the Housekeepers feedback. <i>housekeeping checklist implemented 2/1/06 and Housekeeper evaluation sheet</i></p> <p>Manny Guinto, ISSI Facilities, will conduct random spot checks of the housekeeping crew to ensure that all areas are adequately cleaned. Manny will provide documentation as to the results of these spot checks to Marguerite Taylor, ISSI Facilities.</p> <p><i>The staff (title) responsible for implementing the corrective action is:</i> Marguerite Taylor, ISSI Facilities</p> <p><i>The staff (title) responsible for monitoring to ensure that the corrective action remains implemented and is working as intended is:</i> Adrienne Veillette, Financial Manager, Purchasing and Contracts and Marguerite Taylor, ISSI Facilities</p>
<hr/> <p>c. Repair the cottages walls, ceilings and paint work</p>	<hr/> <p>c. Estimated date of completion: 5/30/06</p> <p>The first week in March 06, Facilities washed the walls of all of the cottages.</p> <p>Facilities conducted a walk-through on 3/20/06. It is noted that there are two cottages (Alikoy and Alpha) where the clients write/paint on the walls.</p> <p>Facilities are planning to paint black board paint on the some of the walls. The plan is for</p>

	<p>the staff to encourage the clients to write/paint on the designated walls with the blackboard paint. The painting is scheduled to begin on 4/21/06.</p> <p>Kellogg painting will begin the week of March 27, 2006 and Miramar is scheduled to be painted following the completion of Kellogg. Anticipated date of completion is May 26, 2006. These cottages are on a monthly schedule for crack repairs due to the constant shifting of the buildings.</p> <p><i>The agency's plan to ensure that the deficiency will not occur again in the future is as follows:</i></p> <p>Quarterly building inspections will occur for all residences in addition to the monthly inspections completed by the program staff to ensure that the buildings are adequately maintained.</p> <p><i>building inspection form on file</i></p> <p><i>The staff (title) responsible for implementing the corrective action is:</i> Marguerite Taylor, ISSI Facilities</p> <p><i>The staff (title) responsible for monitoring to ensure that the corrective action remains implemented and is working as intended is:</i> Adrienne Veillette, Financial Manager, Purchasing and Contracts and Marguerite Taylor, ISSI Facilities</p>
<hr/> <p>d. replace the window coverings</p>	<hr/> <p>d. Date of completion: 12/6/05</p> <p>All cottages have curtains in their rooms. Miramar has some curtains that are too short for the windows and the hem needs to be hemmed to fit the size of the windows.</p> <p>Facilities had some temporary curtains that can be installed at Miramar while their curtain is being repaired.</p>

	<p><i>The agency's plan to ensure that the deficiency will not occur again in the future is as follows:</i></p> <p>Facilities has implemented quarterly building inspections. These are in addition to the monthly building inspections currently completed by the program staff. These inspections will help facilities to identify areas of concern, including broken window coverings that may have been overlooked by program staff.</p> <p><i>building inspection form on file</i></p> <p><i>The staff (title) responsible for implementing the corrective action is:</i> Marguerite Taylor, ISSI Facilities</p> <p><i>The staff (title) responsible for monitoring to ensure that the corrective action remains implemented and is working as intended is:</i> Adrienne Veillette, Financial Manager, Purchasing and Contracts and Marguerite Taylor, ISSI Facilities</p>
<p>e. Clean the carpeting in all of the cottages.</p>	<p>e. Dates of completion and Cottages:</p> <p><u>Kellogg</u> - Carpet was replaced with vinyl on 2/10/06.</p> <p><u>Playa Vista</u> – hallway carpets are scheduled to be replaced with vinyl on 3/20/06. Anticipated date of completion: March 24, 2006. Purchase Order # 420-031381</p> <p><u>Cielo Azul</u> – Carpet scheduled to be replaced with vinyl on 3/25/06 Anticipated date of completion: March 31, 2006. Purchase Order # 420-031380</p> <p><i>The agency's plan to ensure that the deficiency will not occur again in the future is as follows:</i></p> <p>We are transitioning away from carpeting in the residences to vinyl flooring. Carpet and floors are cleaned on a monthly basis or as needed. Cottages with carpet are routinely cleaned by housekeeping until carpet replacement. Once the carpet has been replaced with vinyl, the programs will purchase</p>

	<p>area rugs. The transition to vinyl floors has been made due to the longevity of vinyl and low maintenance needs.</p> <p><i>The staff (title) responsible for implementing the corrective action is:</i> Adrienne Veillette, Financial Manager, Purchasing and Contracts and Marguerite Taylor, ISSI Facilities</p> <p><i>The staff (title) responsible for monitoring to ensure that the corrective action remains implemented and is working as intended is:</i> Adrienne Veillette, Financial Manager, Purchasing and Contracts and Marguerite Taylor, ISSI Facilities</p>
f. Repair the kitchen counter in the Cielo Azul cottage	<p>f. Estimated date of completion: 4/30/06 This will require an outside vendor</p> <p><i>The agency's plan to ensure that the deficiency will not occur again in the future is as follows</i> Facilities has implemented quarterly building inspections. These are in addition to the monthly building inspections currently completed by the program staff. These inspections will help facilities to identify areas of concern, including kitchen counters that may have been overlooked by program staff. <i>building inspection form on file</i></p> <p><i>The staff (title) responsible for implementing the corrective action is:</i> Marguerite Taylor, ISSI Facilities</p> <p><i>The staff (title) responsible for monitoring to ensure that the corrective action remains implemented and is working as intended is:</i> Adrienne Veillette, Financial Manager, Purchasing and Contracts and Marguerite Taylor, ISSI Facilities</p>
g. Repair the Kellogg cottage stove.	<p>g. Date of completion: 01/04/06. The Kellogg stove is working properly, the knobs were replaced.</p>

	<p><i>The agency's plan to ensure that the deficiency will not occur again in the future is as follows:</i> Facilities has implemented quarterly building inspections. These are in addition to the monthly building inspections currently completed by the program staff. These inspections will help facilities to identify areas of concern, such as broken stoves that may have been overlooked by program staff. <b>building inspection form on file</b></p> <p><i>The staff (title) responsible for implementing the corrective action is:</i> Marguerite Taylor, ISSI Facilities</p> <p><i>The staff (title) responsible for monitoring to ensure that the corrective action remains implemented and is working as intended is:</i> Adrienne Veillette, Financial Manager, Purchasing and Contracts and Marguerite Taylor, ISSI Facilities</p>
<p>h. Clean the bedrooms in all of the cottages, including the walls and floors.</p>	<p>h. Date of completion: 03/03/06 The walls of the cottages are cleaned with the exception of Alpha and Alikoy where a few of the clients like to write/paint on the walls. Facilities are planning to paint some of the walls with blackboard paint. See section c above.</p> <p>The bedroom floors have been cleaned and all floors have been placed on a rotating schedule or as needed. Date of completion: 02/10/06 <b>floor rotating schedule on file</b></p> <p><i>The agency's plan to ensure that the deficiency will not occur again in the future is as follows:</i> Facilities has implemented quarterly building inspections. These are in addition to the monthly building inspections currently completed by the program staff <b>building inspection form on file</b></p> <p><i>The staff (title) responsible for implementing the corrective action is:</i> Marguerite Taylor, ISSI Facilities</p> <p><i>The staff (title) responsible for monitoring to ensure that the corrective action remains</i></p>

<p>i. Provide proper lighting in the children's bedrooms</p>	<p><i>implemented and is working as intended is:</i> Adrienne Veillette, Financial Manager, Purchasing and Contracts and Marguerite Taylor, ISSI Facilities</p> <hr/> <p>i. Completion date: 11/30/06 On 11/30 all cottages rooms were inspected. It is noted that the lighting used is fluorescent. In a room with closed curtains and a dark shade on the walls may appear darker during the day but at night there seems to be adequate lighting.</p> <p>On the first week of 12/05, facilities began to add additional bulbs and to replace bulbs with a different kind of wattage to see what effect this would have. It was discovered that there should be two different kinds of bulbs in the existing light fixtures, and only one of those bulbs had been installed.</p> <p>The additional bulbs and higher wattage and the replacement of old light fixtures should provide sufficient lighting.</p> <p>Projected date of completion 4/21/06</p> <p><i>The agency's plan to ensure that the deficiency will not occur again in the future is as follows:</i> Facilities has implemented quarterly building inspections. These are in addition to the monthly building inspections currently completed by the program staff. These inspections will help facilities to identify areas of concern, including proper lighting in bedrooms that may have been overlooked by program staff. <i>building inspection form on file</i></p> <p><i>The staff (title) responsible for implementing the corrective action is:</i> Marguerite Taylor, ISSI Facilities</p> <p><i>The staff (title) responsible for monitoring to ensure that the corrective action remains implemented and is working as intended is:</i> Adrienne Veillette, Financial Manager, Purchasing and Contracts and Marguerite Taylor, ISSI Facilities</p>
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<p>j. Replace the bedroom window coverings.</p>	<p>j. Date of Completion: 04/30/06 On 12/05 curtains were installed in all of the cottages that needed them.</p> <p>All cottages have curtains in the bedrooms. <u>Miramar</u> has some curtains that are too short for the windows and the hem needs to be hemmed to fit the size of the windows.</p> <p><i>The agency's plan to ensure that the deficiency will not occur again in the future is as follows:</i> Facilities has implemented quarterly building inspections. These are in addition to the monthly building inspections currently completed by the program staff. These inspections will help facilities to identify areas of concern, including broken window, that may have been overlooked by program staff.</p> <p><i>The staff (title) responsible for implementing the corrective action is:</i> Marguerite Taylor, ISSI Facilities</p> <p><i>The staff (title) responsible for monitoring to ensure that the corrective action remains implemented and is working as intended is:</i> Adrienne Veillette, Financial Manager, Purchasing and Contracts and Marguerite Taylor, ISSI Facilities</p>
<p>k. Remove clothing from the bedroom and closet floors</p>	<p>k. Date of completion was 12/01/05 The dorm house parents were instructed to add this duty to their cleaning checklist for the dorm</p> <p>The agency's plan to ensure that the deficiency will not occur again in the future is as follows: <b><i>Each dorm house parents cleaning checklist will include picking up clothing in the clients bedroom</i></b></p> <p><i>The staff (title) responsible for implementing the corrective action is:</i> The House parent</p> <p><i>The staff (title) responsible for monitoring to ensure that the corrective action remains implemented and is working as intended</i> The program house parent and Administrator.</p>




<p>1. Provide a full complement of linen on all children's beds</p>	<p>1. Completion date 12/10/05 Facilities completed a walk through on 3/20/06 and provided bedding materials to the cottages.</p> <p>On 3/20/06, Marguerite Taylor ISSI Facilities sent Guy Hatchell, Children's Program Manager an e-mail with information for the Program Administrators and the House parent's regarding the full compliment bedding requirement (mattress pad, top sheet, bottom fitted sheet, blankets, comforter or bedspread, pillow, pillow case) and how to obtain additional materials from Central Supplies.</p> <p>Each bed should have at least two sets of full bedding compliments. Those clients who frequently soil linen will need more than two sets.</p> <p><i>The agency's plan to ensure that the deficiency will not occur again in the future is as follows</i> Facilities has implemented quarterly building inspections. These are in addition to the monthly building inspections currently completed by the program staff. These inspections will help facilities to identify areas of concern, including missing bedding materials that may have been overlooked by program staff. <i>building inspection form on file</i></p> <p><i>The staff (title) responsible for implementing the corrective action is:</i> Marguerite Taylor, ISSI Facilities</p> <p><i>The staff (title) responsible for monitoring to ensure that the corrective action remains implemented and is working as intended is:</i> Adrienne Veillette, Financial Manager, Purchasing and Contracts and Marguerite Taylor, ISSI Facilities</p>
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<p>m. Replace the mattresses in bedroom one of the Casa Renee and bedroom five of the Kellogg cottages</p>	<p>m. Date of completion: 02/01/06 The mattresses for Casa Renee and Kellogg Cottages have been replaced.</p> <p><i>The agency's plan to ensure that the deficiency will not occur again in the future is as follows:</i> Facilities has implemented quarterly building inspections. These are in addition to the monthly building inspections currently completed by the program staff.</p> <p>These inspections will help facilities to identify areas of concern, including mattresses that need to be turned or replaced, that may have been overlooked by program staff. <i>building inspection form on file</i></p> <p><i>The staff (title) responsible for implementing the corrective action is:</i> Marguerite Taylor, ISSI Facilities</p> <p><i>The staff (title) responsible for monitoring to ensure that the corrective action remains implemented and is working as intended is:</i> Adrienne Veillette, Financial Manager, Purchasing and Contracts and Marguerite Taylor, ISSI Facilities</p>
<p>n. Replace the window screen in the Cielo Azul Cottage</p>	<p>n. Completed : 12/10/05 Cielo Azul's window screens were replaced. Replacement screens are kept at facilities</p> <p><i>The agency's plan to ensure that the deficiency will not occur again in the future is as follows:</i> quarterly building inspections are done by facilities. Monthly building inspections are done by the program staff. These inspections will identify areas of concern.. <i>building inspection form on file</i></p> <p><i>The staff (title) responsible for implementing the corrective action is:</i> Marguerite Taylor, ISSI Facilities</p> <p><i>The staff (title) responsible for monitoring to ensure that the corrective action remains implemented and is working as intended is:</i> Adrienne Veillette, Financial Manager and Marguerite Taylor, ISSI Facilities</p>


<p>2. Section V. Psychotropic Medication Two children did not have current court authorizations for psychotropic medication.</p> <p>Devereux management maintain current court authorizations for all children</p>	<p>2. Date of completion: for C1 12/5/05 &amp; for C2 12/7/05. The list of completed court authorizations is on file.</p> <p><i>The agency's plan to ensure that the deficiency will not occur again in the future is as follows:</i> On 3/13/06 the Medical clinic hired Carole Santos, Carole is in the process of reviewing all of the client's medical charts to ensure that those client's with physician's orders requiring psychotropic medications have current court authorizations.</p> <p>In addition, Carole is creating a spreadsheet in order to accurately track all of the required information to ensure that court authorization request are completed and signed in advanced so that the court authorizations can be maintained up to date. Carole plans to have the spread sheet completed by 3/24/06</p> <p><i>The staff (title) responsible for implementing the corrective action is:</i> Carole Santos, Medical Case Manager</p> <p><i>The staff (title) responsible for monitoring to ensure that the corrective action remains implemented and is working as intended is:</i> Carol Briggs, Medical Manager</p>
<p>Section VII Clothing and Allowance Children are not encourage and assisted in creating and maintaining photo albums/life books</p>	<p>3. Date scheduled to begin implementation of the photo albums/life books activities in the Day Rehab Program: 3/ 27/06</p> <p><i>The agency's plan to ensure that the deficiency will not occur again in the future is as follows:</i></p> <p>A review of the population report dated 3/3/06 indicated that currently there are twenty five (25) LADCFS funded clients.</p> <p>Faith Tanner, Mental Health Coordinator noted that out of the twenty five (25) children, there is only one child who does not attend the Day Rehab Program. The Mental Health Clinicians</p>

	<p>will ensure that activities and materials are offered to all of the clients that participate in the Day Rehab Program.</p> <p>For those children who do not attend the Day Rehab Program, the residential Program Administrator will ensure that the photo album/life book activity is offered on a regular basis and it is indicated in the recreation/activity schedule for the dorm</p> <p><i>The staff (title) responsible for implementing the corrective action is:</i></p> <p>For the Day Rehab Program: Guy Sartee, EPSDT Assistant</p> <p>For the Residential Programs the respective Program Administrators:</p> <p>Alpha: Nancy Montes Alikoy: Melissa Carrera Sirenas: TyLynn Lambert Casa Renee: TyLynn Lambert Sunan: Melissa Carrera Kellogg: Gareth Perry Miramar: Russell Jensen Cielo Azul: Gareth Perry Playa Vista: Heather Barling</p> <p><i>The staff (title) responsible for monitoring to ensure that the corrective action remains implemented and is working as intended is:</i></p> <p>For the Day Rehab Program: Dr. Faith Tanner, Mental Health Coordinator</p> <p>For the Residential Programs: Guy Hatchell, Children Program Manager</p>
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Signature Page for LADCFS Audit Corrective Action Plan

  
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Amy Evans, Director of Operations

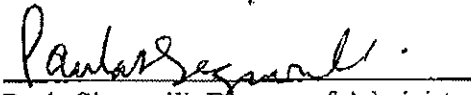
3/21/06  
Date

  
\_\_\_\_\_  
Guy Hatchell, Childrens Program Manager

3/21/06  
Date

  
\_\_\_\_\_  
Adrienne Veillette, Financial Manager

3/21/06  
Date

  
\_\_\_\_\_  
Paula Signorelli, Director of Administrative Services

3/21/06  
Date

  
\_\_\_\_\_  
Dr. Faith Tanner, Mental Health Coordinator

3/21/06  
Date

Signature Not required. Reports to Director of Operations  
Carol Briggs, Medical Clinic Manager      Date

CC: Amy Evans, Elaine Woods, Mory Alvarez, Carol Briggs, Faith Tanner, Guy Sartee,  
Marguerite Taylor, Adrienne Veillette, Paula Signorelli, Jennifer Pascoe, Manny Guinto, Nancy  
Montes, Melissa Carrera, Heather Barling, Gareth Perry, Russell Jensen, TyLynn Lambert,